

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39739-0029A
	First Named Inventor	Feng, et al.
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR COUNTERACTING A PATHOLOGIC CHANGE IN THE  $\beta$ -ADRENERGIC PATHWAY**

(Title of the Invention)

the specification of which  
☒ is attached hereto  
 OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/504,585	September 18, 2003	
60/429,046	November 22, 2002	

(Page 1 of 4)

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

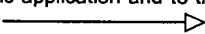
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Feng		Ying					
Inventor's Signature				Date			
Residence: City	Sunnyvale	State	CA	Country	USA	Citizenship	US
Post Office Address	853 Markham Terrace						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94086	Country	USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

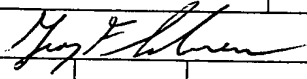
<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Pag _____ of _____
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Linda S.				Higgins			
Inventor's Signature				Date			
Residence: City	Palo Alto	State	CA	Country	94303	Citizenship	US
Post Office Address		3610 Louis Road					
Post Office Address							
City	Palo Alto	State	CA	ZIP	94303	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ann M.				Kapoun			
Inventor's Signature				Date			
City	Mountain View	State	CA	Country	USA	Citizenship	US
Post Office Address		686 Elkhorn Avenue					
Post Office Address							
City	Mountain View	State	CA	ZIP	94041	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David Y.				Liu			
Inventor's Signature				Date			
City	Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address		201 Ferne Avenue					
Post Office Address							
City	Palo Alto	State	CA	ZIP	94306	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Suppl mental Sheet Page _____ of _____
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
George F.				Schreiner			
<b>Inventor's Signature</b>						<b>Date</b>	11/12/2003
<b>Residence: City</b>	Los Altos	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	US
<b>Post Office Address</b>	12774 Leander Drive						
<b>Post Office Address</b>							
<b>City</b>	Los Altos	<b>State</b>	CA	<b>ZIP</b>	94022	<b>Country</b>	USA

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box



PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39739-0029A
	First Named Inventor	Feng, et al.
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR COUNTERACTING A PATHOLOGIC CHANGE IN THE  $\beta$ -ADRENERGIC PATHWAY**

(Title of the Invention)

the specification of which  
☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/504,585	September 18, 2003	
60/429,046	November 22, 2002	

(Page 1 of 4)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please Type a plus sign (+) inside this box +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Pag _____ f _____
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Linda S.				Higgins			
Inventor's Signature						Date	
Residence: City		Palo Alto		State		CA	
				Country		94303	
Post Office Address		3610 Louis Road					
Post Office Address							
City		Palo Alto		State		CA	
				ZIP		94303	
				Country		USA	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ann M.				Kapoun			
Inventor's Signature						Date	
City		Mountain View		State		CA	
				Country		USA	
Post Office Address		686 Elkhorn Avenue					
Post Office Address							
City		Mountain View		State		CA	
				ZIP		94041	
				Country		USA	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David Y.				Liu			
Inventor's Signature		<i>David Y. Liu</i>				Date	
City		Palo Alto		State		CA	
				Country		USA	
Post Office Address		201 Ferne Avenue					
Post Office Address							
City		Palo Alto		State		CA	
				ZIP		94306	
				Country		USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please Type a plus sign (+) inside this box 

PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

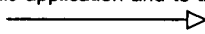
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Feng			Ying		
Inventor's Signature					Date
Residence: City	Sunnyvale	State	CA	Country	USA
Post Office Address	853 Markham Terrace				
Post Office Address					
City	Sunnyvale	State	CA	ZIP	94086
				Country	USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page _____ of _____
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
George F.				Schreiner			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	Los Altos	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	US
<b>Post Office Address</b>		12774 Leander Drive					
<b>Post Office Address</b>							
<b>City</b>	Los Altos	<b>State</b>	CA	<b>ZIP</b>	94022	<b>Country</b>	USA

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39739-0029A
	First Named Inventor	Feng, et al.
	<i>COMPLETE IF KNOWN</i>	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR COUNTERACTING A PATHOLOGIC CHANGE IN THE  $\beta$ -ADRENERGIC PATHWAY**

*(Title of the Invention)*

the specification of which  
☒ is attached hereto  
 OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/504,585	September 18, 2003	
60/429,046	November 22, 2002	

(Page 1 of 4)

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 →

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Feng			Ying		
Inventor's Signature				Date	<span style="font-size: 1.2em;">11/13/2003</span>
Residence: City	Sunnyvale	State	CA	Country	USA
Post Office Address	853 Markham Terrace				
Post Office Address					
City	Sunnyvale	State	CA	ZIP	94086
				Country	USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page _____ of _____
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Linda S.				Higgins			
Inventor's Signature				Date			
Residence: City	Palo Alto	State	CA	Country	94303	Citizenship	US
Post Office Address		3610 Louis Road					
Post Office Address							
City	Palo Alto	State	CA	ZIP	94303	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ann M.				Kapoun			
Inventor's Signature				Date			
City	Mountain View	State	CA	Country	USA	Citizenship	US
Post Office Address		686 Elkhorn Avenue					
Post Office Address							
City	Mountain View	State	CA	ZIP	94041	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David Y.				Liu			
Inventor's Signature				Date			
City	Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address		201 Ferne Avenue					
Post Office Address							
City	Palo Alto	State	CA	ZIP	94306	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Suppl mental She t Pag _____ f _____
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
George F.				Schreiner			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	Los Altos	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	US
<b>Post Office Address</b>	12774 Leander Drive						
<b>Post Office Address</b>							
<b>City</b>	Los Altos	<b>State</b>	CA	<b>ZIP</b>	94022	<b>Country</b>	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39739-0029A
	First Named Inventor	Feng, et al.
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR COUNTERACTING A PATHOLOGIC CHANGE IN THE  $\beta$ -ADRENERGIC PATHWAY**

(Title of the Invention)

the specification of which  
☒ is attached hereto  
 OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/504,585	September 18, 2003	
60/429,046	November 22, 2002	

(Page 1 of 4)

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 →

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
<b>Given Name (first and middle (if any))</b>			<b>Family Name or Surname</b>		
Feng			Ying		
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>	Sunnyvale	<b>State</b>	CA	<b>Country</b>	USA
<b>Post Office Address</b>	853 Markham Terrace				
<b>Post Office Address</b>					
<b>City</b>	Sunnyvale	<b>State</b>	CA	<b>ZIP</b>	94086
				<b>Country</b>	USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page _____ of _____			
--------------------	--	--	--	--	--	--	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Linda S.				Higgins				
Inventor's Signature					Date		11-13-03	
Residence: City		Palo Alto	State	CA	Country	94303	Citizenship	US
Post Office Address		3610 Louis Road						
Post Office Address								
City		Palo Alto	State	CA	ZIP	94303	Country	USA

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Ann M.				Kapoun				
Inventor's Signature					Date			
City		Mountain View	State	CA	Country	USA	Citizenship	US
Post Office Address		686 Elkhorn Avenue						
Post Office Address								
City		Mountain View	State	CA	ZIP	94041	Country	USA

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
David Y.				Liu				
Inventor's Signature					Date			
City		Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address		201 Ferne Avenue						
Post Office Address								
City		Palo Alto	State	CA	ZIP	94306	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page _____ of _____
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
George F.				Schreiner			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	Los Altos	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	US
<b>Post Office Address</b>	12774 Leander Drive						
<b>Post Office Address</b>							
<b>City</b>	Los Altos	<b>State</b>	CA	<b>ZIP</b>	94022	<b>Country</b>	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39739-0029A
	First Named Inventor	Feng, et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR COUNTERACTING A PATHOLOGIC CHANGE IN THE  $\beta$ -ADRENERGIC PATHWAY**

(Title of the Invention)

the specification of which  
☒ is attached hereto  
 OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/504,585	September 18, 2003	
60/429,046	November 22, 2002	

(Page 1 of 4)

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page _____ of _____			
--------------------	--	--	--	--	--	--	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Linda S.				Higgins			
Inventor's Signature		Date		City		State	
Residence: City		Palo Alto		State		CA	
Post Office Address		3610 Louis Road		Country		94303	
Post Office Address		City		State		CA	
City		Palo Alto		State		CA	
ZIP		94303		Country		USA	

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ann M.				Kapoun			
Inventor's Signature		Date		City		State	
City		Mountain View		State		CA	
Post Office Address		Ehrhorn		Country		USA	
Post Office Address		686 Elkhorn Avenue		Citizenship		US	
Post Office Address		City		State		CA	
City		Mountain View		State		CA	
ZIP		94041		Country		USA	

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David Y.				Liu			
Inventor's Signature		Date		City		State	
City		Palo Alto		State		CA	
Post Office Address		201 Ferne Avenue		Country		USA	
Post Office Address		City		State		CA	
City		Palo Alto		State		CA	
ZIP		94306		Country		USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 25213 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 25213 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Feng			Ying		
Inventor's Signature					Date
Residence: City	Sunnyvale	State	CA	Country	USA
Post Office Address	853 Markham Terrace				
Post Office Address					
City	Sunnyvale	State	CA	ZIP	94086
				Country	USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Suppl mental Sheet</b> Pag _____ f _____
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>			
George F.		Schreiner			
<b>Inventor's Signature</b>				<b>Date</b>	
<b>Residence: City</b>	Los Altos	<b>State</b>	CA	<b>Country</b>	USA
<b>Post Office Address</b>	12774 Leander Drive				
<b>Post Office Address</b>					
<b>City</b>	Los Altos	<b>State</b>	CA	<b>ZIP</b>	94022
				<b>Country</b>	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.